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SECRETARY OF STATE

T. CLINE

JUL 20 2011

**EXAMINER** 

## **COVER LETTER**

Division of Co	rporations					
SUBJECT:	Trinidad	Properties, LLC				
SOBSECT.		ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Terry Ooten				
	Name of Person					
	Tr	Trinidad Properties, LLC				
		Firm/Company				
	64	420 Thomasville Road	i			
		Address				
	Т	allahassee, FL 32312	<u>!</u>			
		City/State and Zip Code				
		Terry@trademark.net to be used for future annual rep				
	E-mail address: (	to be used for future annual rep	ort notification)	201 SE		
For further information	concerning this matter, please of	call:		CRE	5 s. jun 3	
	Terry Ooten	at (_850_)	668-3933	IARY	A NONE OF	
Name	of Person	Area Code &	Daytime Telephone Number	2011 JUL 19 MIII: IJ SECRETARY OF STATE FALL AHASSEE. FLORID		
Enclosed is a check for	the following amount:			TATE ORIO		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certified	ng Fee, e of Status &	)	
			•			

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trin	idad Properties, LLC			
(Name of the Limited Lia (A Flo	bility Company as it now appear rida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabil	ity Company were filed on	3/11/2005	and assigned	
Florida document numberL0500002468	<u>8</u> .			
This amendment is submitted to amend the following	ng:			
A. If amending name, <u>enter the new name of the</u>	limited liability company her	<u>·e</u> :		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	any," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable	<b>.</b>	D T	231	
(Principal office address MUST BE A STREET A	DDRESS)			
			SET TO	
Enter new mailing address, if applicable:			TO TO	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		ORATE L	
		<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	En	nter Florida street add	tress	
		, Florida		
_	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

It amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** Steve Mattox MGR PO Box 4164 Add Tallahassee, FL 32315 Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Add 🗌 Remove bb&<u>f</u> TTRemove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee